

Entered - 05-09-01 - sb
CL 01L0300 - GWENDOLYN BURNS

CLAIM OF: **STATE FARM INSURANCE COMPANIES**
as subrogee of Stacy R. Wells
11350 Johns Creek Parkway
Duluth, Georgia 30098-0001

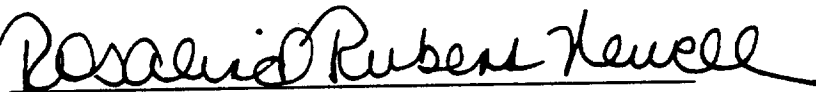
01-R-1136

For vehicular damages alleged to have been sustained as a result of an automobile accident on November 13, 2000 at 841 Moreland Avenue, SE.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANIES as subrogee of Stacy R. Wells** the sum of **\$1,046.65** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of an automobile accident on November 13, 2000 at 841 Moreland Avenue, SE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0300

Date: June 15, 2001

Claimant /Victim STACY R. WELLS
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES
Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098
Subrogation: X Claim for Property damage \$ 1,046.65 Bodily Injury \$
Date of Notice: 5/7/01 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/13/00 Place: 841 Moreland Avenue, SE
Department ADMINISTRATIVE SERVICES Division Motor Transport
Employee involved Darryl Sharpe Disciplinary Action: None

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was rear ended by a sanitation vehicle that was "following too closely".

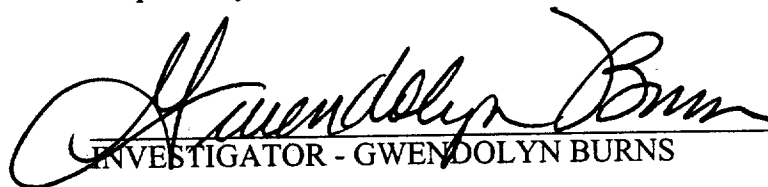
INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,046.65 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager:  Concur/date 07/17/01
Committee Action: Council Action

State Farm Insurance Companies



BURNS
05/08/01
Am

April 25, 2001

MAY 7 2001

Auto Claim Central - Subrogation U
11350 Johns Creek Parkway
Duluth, GA 30098-0001

City of Atlanta

Attn: [REDACTED]

Clerk of Council - City Hall

55 Trinity St. SW

Atlanta, GA 30335

ENTERED - 5-9-01 - SB

01L0300 - GWEN BURNS

RE: Our Claim Number: 11-3554-823
Our Insured: Stacy R. Wells
Date of Loss: November 13, 2000
Total Amount of Loss: \$1046.65
Our Payment: \$946.65
Insured's Payment: \$100.00
Your File Number:
Your Policy Number:
Your Insured:

Driver of Your Vehicle: Darryl Sharpe

SUBROGATION CLAIM

We have been informed that you are the insurance carrier for the party designated as your insured in the caption of this letter.

Our investigation establishes that your insured was responsible for the damage to our policyholder's vehicle as a result of the accident on the date indicated.

Please accept this letter as a notice of our subrogation rights and communicate with us in regard to your position in the matter.

If you have any questions, please call us at the number below between the hours of 7:00 A.M. and 5:00 P.M. Monday through Friday. Whenever you call, anyone on our team will be available to assist you.

Sincerely,

Yvonne Jackson, Team 13
Claim Specialist
(770) 418-6793
State Farm Mutual Automobile Insurance Company

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 01L0300

\$ 1,046.65

IN CONSIDERATION of the sum of TEN HUNDRED AND FORTY-SIX AND 65/100
 DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged,
I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City,
its officers and employees, including but not limited to Darryl Sharpe from any and all **property damage** claims,
demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account
of anything that has heretofore occurred, and particularly for or on account of a **vehicular accident**
which occurred on or about the 13th day of November, 2000,
at or near 841 Moreland Avenue, SE

It is further understood and agreed that the payment of the above named sum is not to be considered as an
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
instrument.

WITNESS my hand and seal this 12 day of June, 2001.

[Signature] (LS)
STATE FARM INSURANCE COMPANIES as subrogee
of STACY R. WELLS

The above release was read and explained to, and signed by the said _____

_____ in our presence on the date above written.

[Signature]
Margaret Curran
WITNESSES

01- R -1136